

EXHIBIT C

Artists Business Management Group, INC
5950 Canoga Ave #417
Woodland Hills, CA 91367

MACKENZIE THOMA

[REDACTED] [REDACTED]
HOLLYWOOD, CA 90028

[REDACTED]

**Artists Business Management Group, INC
5950 Canoga Ave #417
Woodland Hills, CA 91367
818-719-6541**

July 18, 2022

CONFIDENTIAL

MACKENZIE THOMA

HOLLYWOOD, CA 90028

Dear KENZIE:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

[REDACTED]

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Artists Business Management Group, INC
5973 Avenida Encinas, Suite 200
Carlsbad, CA 92008

Important: Your returns will not be filed with the taxing agencies until the signed e-file Signature Authorization forms and payment for services is received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Your required 2022 federal estimated tax payments are as follows:

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

2021

Name of proprietor

MACKENZIE THOMA

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
MODEL

B Enter code from instructions

► 711510

C Business name. If no separate business name, leave blank.
MACKENZIE THOMA MODEL

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ►

HOLLYWOOD

CA 90028

City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses

 Yes No

H If you started or acquired this business during 2021, check here

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions

 Yes No

J If "Yes," did you or will you file required Form(s) 1099?

 Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on



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27a

27b

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32a

32b

Form W-2 and the "Statutory employee" box on that form was checked

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

7 Gross income. Add lines 5 and 6

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising

8

9 Car and truck expenses (see instructions)

9

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest (see instructions):

16a

17 Legal and professional services

17

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

29 Tentative profit or (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

All investment is at risk.

Some investment is not at risk.

MACKENZIE THOMA

Schedule C (Form 1040) 2021

MODEL

Page 2

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) u				
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:				
a	Business	b	Commuting (see instructions)	c	Other
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

MEDIA AND INTERNET

PROPS AND WARDROBE

AUTO

ACCOUNTING

APPEARANCE

TELEPHONE

AMAZON

TRAVEL

48 Total other expenses. Enter here and on line 27a

48

Self-Employment Tax**2021****SCHEDULE SE**

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income ►**MACKENZIE THOMA****Part I Self-Employment Tax**

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ►

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

3 Combine lines 1a, 1b, and 2

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

1a	
1b	()
2	
3	
4a	
4b	
4c	
5b	
6	
7	

5a	
5b	
6	
7	

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue ►

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a	
8a	
8b	
8c	
8d	
9	
10	
11	
12	

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

6 Add lines 4c and 5b

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)

and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11

b Unreported tips subject to social security tax from Form 4137, line 10

c Wages subject to social security tax from Form 8919, line 10

d Add lines 8a, 8b, and 8c

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

11 Multiply line 6 by 2.9% (0.029)

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040)**, line 4

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040)**, line 15

13	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only if** (a) your gross farm income¹ wasn't more than \$8,820, or (b) your net farm profits² were less than \$6,367.

14 Maximum income for optional methods

14	

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,880. Also include this amount on line 4b above

15	

Nonfarm Optional Method. You may use this method **only if** (a) your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16	

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule C	Qualified Business Income Calculation Worksheet		2021
Name MACKENZIE THOMA	Taxpayer Identification Number [REDACTED]		
Principle business or profession MODEL	Form/Schedule C	Unit 1	

1. Schedule C, Line 31, Net profit or (loss)	1. [REDACTED]
Additions for qualified business income:	
2. Form 4797, Ordinary income	2. [REDACTED]
Prior suspended losses utilized this year	
3. Passive suspended losses	3. [REDACTED]
4. At-Risk suspended losses	4. [REDACTED]
5. Section 179 carryover	5. [REDACTED]
6. Total additions to net profit or (loss). Add lines 2 through 5.	6. [REDACTED]
Subtractions for qualified business income	
7. Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7. [REDACTED]
8. Deductible portion of self-employment taxes	8. [REDACTED]
9. Self-employed SEP, SIMPLE, and qualified plans	9. [REDACTED]
10. Self-employed health insurance deduction	10. [REDACTED]
11. Reserved	11. [REDACTED]
12. Reserved	12. [REDACTED]
13. Total subtraction to net profit or (loss). Add lines 7 through 12.	13. [REDACTED]
14. Qualified business income for this activity. Line 1 plus line 6 less line 13.	14. [REDACTED]

Carryovers:	Beginning of Year		End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed Loss (C)	Pre -2018 (D)	
Passive activity:					
Operating	_____	_____	_____	_____	_____
Form 4797, Part II	_____	_____	_____	_____	_____
Section 1231 loss	_____	_____	_____	_____	_____
At-Risk:					
Operating	_____	_____	_____	_____	_____
Form 4797, Part II	_____	_____	_____	_____	_____
Section 1231 loss	_____	_____	_____	_____	_____
Section 179	_____	_____	_____	_____	_____
Section 179 - COGS	_____	_____	_____	_____	_____
Other:					
Section 179	_____	_____	_____	_____	_____
Section 179 - COGS	_____	_____	_____	_____	_____

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward _____

Form 1040	Net Earnings from Self-Employment Worksheet		2021	
Name	Taxpayer Identification Number			
MACKENZIE THOMA				
	Taxpayer	Spouse		
Farm profit or (loss)				
Schedule F				
Farm Partnerships - Schedule K-1, box 14, code A				
Auto expense from farm partnerships				
Amortization from farm partnerships				
Depreciation & Section 179 from farm partnerships				
Depletion from farm partnerships				
Other expenses from farm partnerships				
Home office expenses from farm partnerships				
Unreimbursed partnership expenses from farm partnerships				
Debt financed acquisition interest from farm partnerships				
Farm adjustment to SE Income				
Net farm profit or (loss) - Schedule SE line 1a	0			
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b				
(0	(0
Nonfarm profit or (loss)				
Schedule C (excluding minister Schedule C income reported below)				
Nonfarm partnerships - Schedule K-1, box 14, code A				
Auto expense from nonfarm partnerships				
Amortization from nonfarm partnerships				
Depreciation & section 179 from nonfarm partnerships				
Depletion from nonfarm partnerships				
Other expenses from nonfarm partnerships				
Home office expenses from nonfarm partnerships				
Unreimbursed partnership expenses from nonfarm partnerships				
Debt financed acquisition interest from nonfarm partnerships				
Nonfarm adjustment to SE income				
Self-employment income reported as other income				
Self-employment income from contracts and straddles				
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)				
Net nonfarm profit or (loss) - Schedule SE line 2	0			
Other income items subject to and/or exempt from self-employment tax				
Fees received for services performed as a notary public				
Earnings while debtor in a chapter 11 bankruptcy case				
Taxable community property income/-loss				
Exempt community property income/-loss				
Net adjustment included on Schedule SE, line 3	0			
Net profit (loss) from self-employment activities - Schedule SE line 3				
(0	(0
Church employee income - Schedule SE, Page 1 line 5a				
(

Federal Statements

MODEL

Schedule C, Line 1 - Gross Receipts or Sales

A treemap visualization showing a budget or financial plan. The main area is a large black rectangle divided into several smaller black rectangles of varying sizes, representing different budget categories or sub-categories. To the right, there is a vertical white column with a black border. At the top of this column, the word "Amount" is written in black. Below "Amount", there is a black dollar sign (\$) symbol. At the bottom of the column, there is a horizontal black line with a small black rectangle extending from it to the left.

Form 1040

Salaries & Wages Report

2021

Name

MACKENZIE THOMA

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer Spouse Totals				

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals							

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						